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indicated unless correct maintenance fee notifica	ed below or directed of tions.	herwise in Block 1, by (	a) specifying a new corre	spondence address;	; and/or (l	b) indicating a sepa	arate "FEE ADI	ORESS" for
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		WY & TRA	DEMER				(Der	ositor's name)
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**		.00	L					(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/500,278 06/29/2004			Hiroyoshi Tominaga 120214 9347					
TITLE OF INVENTION	I: WAFER DOUBLE-SI	DE POLISHING APPAR	RATUS AND DOUBLE-S	IDE POLISHING	METHOL			
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APPLN.,TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE	DUE
nonprovisional	NO .	\$1440	\$300	\$0	\$1740		03/28/2008	
EXAMINER ART UNIT			CLASS-SUBCLASS	83/13/	2008 NNG	WYEN2 00000861	10500278	
RACHUBA, MAURINA T		3723	451-041000	91 FC:1:			1449.99	
	ence address or indicatio	2. For printing on the p			01:55	289.89 S. Pommid		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)				
PLEASE NOTE: Unl	less an assignee is ident	ified below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assign	ee is iden	tified below, the d	ocument has be	en filed for
(A) NAME OF ASSIG	-	pionon of this form is 110	(B) RESIDENCE: (CITY	_	COUNTRY	r) .		
Etsu Handotai Co., Ltd. Tokyo, Japan								
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖺 Co	orporation	or other private gro	oup entity 🗆 C	overnment
a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	ise first reapply ar	ny previo	usly paid issue fee	shown above)	
Issue Fee			A check is enclosed.	Ck#203477				
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·			overpayment, to Depo	sit Account Number	er <u>15–0</u>	461_ (enclose a	n extra copy of	his form).
a. Applicant claim	tus (from status indicates s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lon					
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Authorized Signature	Mallres Rt	202		Date Marc				

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